

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County B. Geo

Village or City Laure (Geo)

<sup>2</sup> FULL NAME Edw. H. Batcock

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 229

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH Sept 29, 1853  
(Month) (Day) (Year)

7 AGE 77 yrs. 4 mos. 9 ds. or \_\_\_\_\_ min.?  
If LESS than 1 day \_\_\_\_\_ hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Auditor  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Ill.

10 NAME OF FATHER Wm. Batcock

11 BIRTHPLACE OF FATHER (State or country) New York

12 MAIDEN NAME OF MOTHER Elvira Chase

13 BIRTHPLACE OF MOTHER (State or Country) Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bradley Sargent  
(Address) Laure, Md.

15 Filed Feb 8 1931 William M. Brashers  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 8, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 8, 1930 to Feb 8, 1931, that I last saw him alive on Jan 7, 1931, and that death occurred on the date stated above, at noon m. The CAUSE OF DEATH \* was as follows:

Carcinoma of Esophagus

Contributory Secondary \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. B. Leonard M. D.  
2/8 1931 (Address) Laure, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Washington D.C. DATE OF BURIAL \_\_\_\_\_, 19\_\_\_\_

20 UNDERTAKER John Lee Inc. ADDRESS 332 Penn Ave NW

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 5 1901  
BUREAU

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02046

## 1. PLACE OF DEATH

County

Pr. Geo County

Village or City

Pulchre Md.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

William Brooke Periss  
Pr Geo County Alm House, St. Landover Md 20.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

m. Grude

6. DATE OF BIRTH (month, day, end year)

unknown 1849

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.  
or min.

82

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.1D. Date deceased last worked at  
this occupation (month and  
year)

1927

11. Total time (years)  
spent in this  
occupation

60yrs

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

MOTHER FATHER

13. NAME

unknown

14. BIRTHPLACE (city or town)  
(State or country)

unknown

15. MAIDEN NAME

Mc Cornick

16. BIRTHPLACE (city or town)  
(State or country)

unknown

17. INFORMANT  
(Address)m. w. J Casey  
Box 47 Bladensburg18. BURIAL, CREMATION, OR REMOVAL  
Place

Bladensburg Md

Date Feb 12-1931

19. UNDERTAKER  
(Address)F. Gaeche, Inc  
Bladensburg Md

20. FILED

Feb 10-1931

Grace New  
Regist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb.

10

1931

(Month)

(Day)

(Year)

22. HEREBY CERTIFY That I attended deceased from

Nov 1st

1930

to

Feb 10

1931

I last saw him alive on

Feb 10

1931; death is said

to have occurred on the date stated above, at 2:00 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Senile myocarditis

Date of onset  
Nov 1, 1930

Other Contributory Causes of importance:

acute cardiac decompensation Jan 1, 1931

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

W. Smith Pulchre M. D.  
Pulchre Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDER  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH  
County Pr GeoVillage or City Naylor (No. \_\_\_\_\_)2 FULL NAME William J Bond02047  
STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 233(if death occurred in a hospital or institution, give its NAME instead of street and number.)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH June 25, 1884  
(Month) (Day) (Year)7 AGE 47 yrs. 8 mos. 28 ds. If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Md10 NAME OF FATHER Joseph H Richards11 BIRTHPLACE OF FATHER (State or country) Md12 MAIDEN NAME OF MOTHER Margaret S Goldsmith13 BIRTHPLACE OF MOTHER (State or Country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Bond  
(Address) Naylor Md15 Filed Feb 28 1931 Ernest W Garner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 28, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from July 26 1931 to July 28 1931that I last saw him alive on July 28, 1931and that death occurred on the date stated above, at 5 A. m.  
The CAUSE OF DEATH \* was as follows:Influenza  
Pulmonary Congestion  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.Contributory  
Secondary \_\_\_\_\_(Signed) William H. Gibbons M. D.  
July 28, 1931 (Address) Crofton Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL St Paul Church DATE OF BURIAL March 2 193120 UNDERTAKER A. J. Grimes & Aquasco ADDRESS Md



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAR 4 1931

BUREAU

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1 PLACE OF DEATH  
County Prince George

Village or City Berwyn Heights No. \_\_\_\_\_

2 FULL NAME Emma O. Brelsford

02048 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 230

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Nw 5 1858  
(Month) (Day) (Year)

7 AGE 72 yrs. 3 mos. 12 ds. IF LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER James L. Reed

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Margaret Robinson

13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leah P. Brelsford

(Address) Berwyn Heights

15 Filed Feb 17 1931 John D. Smith  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 17th 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 30 to Feb 17th 1931

that I last saw him alive on Feb 17th 1931

and that death occurred on the date stated above, at 11:25 AM m.

The CAUSE OF DEATH \* was as follows: Chronic Endocarditis

Contributory (Duration) 1+ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Secondary Acute Parenchymatous nephritis

(Signed) A. L. Greene M. D.  
Feb 18 1931 (Address) Berwyn

\*State the disease causing death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Ft. Lincoln Md DATE OF BURIAL Feb 20 1931

20 UNDERTAKER F. Gascher Sons ADDRESS Springfield Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E. haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH  
County Prince GeorgeVillage or City Laurel (No. ....)2 FULL NAME Charles Edward BrooksSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 239

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH December 2, 1930  
(Month) (Day) (Year)7 AGE 2 yrs. 12 mos. 12 ds. or min.?8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry business, or establishment in which employed or (employer) None9 BIRTHPLACE (State or country) Maryland10 NAME OF FATHER George Brooks11 BIRTHPLACE OF FATHER (State or country) Maryland12 MAIDEN NAME OF MOTHER Priscilla Calbert13 BIRTHPLACE OF MOTHER (State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Priscilla Calbert  
(Address) Laurel, Md.15 Filed Feb 17 1931 M. Brashers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 15, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Feb 8 1931 to Feb 16, 1931that I last saw him alive on Feb 14, 1931and that death occurred on the date stated above, at 78 m.

The CAUSE OF DEATH \* was as follows:

Brain PneumoniaContributory  
Secondary(Signed) W. H. M. D.  
7/15 1931 (Address) Laurel

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 7 yrs. 12 mos. 12 ds. In the State 7 yrs. 12 mos. 12 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Muirbush, Md. DATE OF BURIAL Feb 17, 193120 UNDERTAKER Ridgley Selby ADDRESS Laurel, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Melas; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Melas (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicæmia, Puerperal peritonitis, etc.* State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1901

BUREAU V. S.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George

Village or City Seat Pleasant

2 FULL NAME Marie Delia Brown

02050

(92-2)

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 242

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH Nov 11, 1884  
(Month) (Day) (Year)

7 AGE 46 yrs. 3 mos. 11 da. (If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.)

8 OCCUPATION  
(a) Trade, profession or particular kind of work home duties  
(b) General nature of industry, business, or establishment in which employed (or employer) same

9 BIRTHPLACE (State or country) Conn

10 NAME OF FATHER Edward Tatiro

11 BIRTHPLACE OF FATHER (State or country) donth know

12 MAIDEN NAME OF MOTHER donth know

13 BIRTHPLACE OF MOTHER (State or Country) donth know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marie Brown

(Address) Seat Pleasant

15 Filed Feb 22 1931 Grace Dow Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 22, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192

that I last saw h alive on 192

and that death occurred on the date stated above, at but 1 A.m.

The CAUSE OF DEATH \* was as follows:

Natural Cause  
Probably valvular  
heart disease  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory  
Secondary

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) John E. Ward, M.D.  
Feb 22 1931 (Address) Capital Heights

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL addison chapel DATE OF BURIAL 2/25, 1931

20 UNDERTAKER W. W. Deal ADDRESS 516 H St N.E.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1931

BUREAU

RECEIVED

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| 1 PLACE OF DEATH                                                                                                                                                                                                         |                                 |                                                                             | 02051                                                                                                                                                                                                                                                                                                                                                                 |  | STATE OF MARYLAND<br>CERTIFICATE OF DEATH                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| County <u>Prince George</u>                                                                                                                                                                                              |                                 |                                                                             | (122-7)                                                                                                                                                                                                                                                                                                                                                               |  | Registration Dist. No. <u>245</u>                                                                        |  |
| Village or City <u>Ant. Rainer</u> (No. <u>4276</u> <u>Easterday</u> )                                                                                                                                                   |                                 |                                                                             | St. _____                                                                                                                                                                                                                                                                                                                                                             |  | Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.) |  |
| 2 FULL NAME <u>Mary Bruehl (BRUEHL)</u>                                                                                                                                                                                  |                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                          |  |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                     |                                 |                                                                             | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                          |  |
| 3 SEX<br><u>Female</u>                                                                                                                                                                                                   | 4 COLOR OR RACE<br><u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word) <u>divorced</u> | 16 DATE OF DEATH <u>Feb 5<sup>th</sup></u> 19 <u>31</u><br>(Month) _____ (Day) _____ (Year) _____                                                                                                                                                                                                                                                                     |  |                                                                                                          |  |
| 6 DATE OF BIRTH <u>March 17</u> 18 <u>53</u><br>(Month) _____ (Day) _____ (Year) _____                                                                                                                                   |                                 |                                                                             | 17 I HEREBY CERTIFY, That I attended the deceased from <u>Feb 5</u> 19 <u>31</u> to _____ 19 <u>31</u> ,<br>that I last saw her alive on <u>Feb 5</u> 19 <u>31</u> ,<br>and that death occurred on the date stated above, at <u>3 P.</u> m.<br>The CAUSE OF DEATH * was as follows:<br><u>Intestinal Obstruction</u><br>(Duration) _____ yrs. _____ mos. <u>4</u> ds. |  |                                                                                                          |  |
| 7 AGE <u>77</u> yrs. <u>10</u> mos. <u>18</u> ds. or _____ min.?                                                                                                                                                         |                                 |                                                                             | IF LESS than 1 day _____ hrs. _____ min.                                                                                                                                                                                                                                                                                                                              |  |                                                                                                          |  |
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work <u>Housewife</u><br>(b) General nature of industry, business, or establishment in which employed or (employer) _____                                    |                                 |                                                                             | Contributory Secondary _____                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                          |  |
| 9 BIRTHPLACE (State or country) <u>Lycorning County, Williamsport, Pa.</u>                                                                                                                                               |                                 |                                                                             | (Signed) <u>Bernard J. Gurwin</u> M. D.<br><u>Feb 6</u> 19 <u>31</u> (Address) <u>Brentwood Md</u>                                                                                                                                                                                                                                                                    |  |                                                                                                          |  |
| 10 NAME OF FATHER <u>John Wasser</u>                                                                                                                                                                                     |                                 |                                                                             | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.                                                                                                                                                                                                                     |  |                                                                                                          |  |
| 11 BIRTHPLACE OF FATHER (State or country) <u>Stuttgart, Germany</u>                                                                                                                                                     |                                 |                                                                             | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)<br>At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.                                                                                                                                                                                |  |                                                                                                          |  |
| 12 MAIDEN NAME OF MOTHER <u>Mary Adolph Colvar</u>                                                                                                                                                                       |                                 |                                                                             | Where was disease contracted, if not at place of death? _____                                                                                                                                                                                                                                                                                                         |  |                                                                                                          |  |
| 13 BIRTHPLACE OF MOTHER (State or Country) <u>Germany</u>                                                                                                                                                                |                                 |                                                                             | Former or usual residence _____                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                          |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br><u>Henry R. Wasser</u><br>(Informant) <u>4502-14<sup>th</sup> St. N.W. Wash. D.C.</u><br>(Address) <u>Pauline A. Pfeffer</u><br><u>475 West 1st St. Philadelphia</u> |                                 |                                                                             | 19 PLACE OF BURIAL OR REMOVAL <u>Washington D.C.</u>                                                                                                                                                                                                                                                                                                                  |  | DATE OF BURIAL <u>Feb 7</u> 19 <u>31</u>                                                                 |  |
| 15 Filed <u>Feb 6</u> 19 <u>31</u> <u>Mrs. Joe Sever</u><br><u>Registry</u> Registrar                                                                                                                                    |                                 |                                                                             | 20 UNDERTAKER <u>F. Hasche Sons</u>                                                                                                                                                                                                                                                                                                                                   |  | ADDRESS <u>Chattville Md</u>                                                                             |  |



See also form in correspondence file under  
B. H. H. for always of mother's name 5/1/31  
m. H.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Form laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Genile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia, "Puerperal peritonitis, etc.* State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1931  
BUREAU V. S.

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince Georges

Village or City Wandymore (No. \_\_\_\_\_)

2 FULL NAME (Infant) P. Burroughs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S

6 DATE OF BIRTH Feb. 7 1931  
(Month) (Day) (Year)

7 AGE few hours IF LESS than 1 day 2 hrs. \_\_\_\_\_  
yrs. mos. ds. or min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) md

10 NAME OF FATHER Wilmer Burroughs

11 BIRTHPLACE OF FATHER (State or country) md

12 MAIDEN NAME OF MOTHER Katie Brown

13 BIRTHPLACE OF MOTHER (State or country) md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilmer Burroughs

(Address) Wandymore md

15 Filed Feb. 9 1931 Julius K. Smith  
Local Registrar

02052

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 240

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 7 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from birth 192 \_\_\_\_\_ to 192 \_\_\_\_\_

that I last saw him alive on Feb. 7 1931

and that death occurred on the date stated above, at 90 in.

The CAUSE OF DEATH was as follows:  
Asphyxia -

Contributory Premature birth (Duration) 2 hrs  
Secondary \_\_\_\_\_

(Signed) John E. Berles M. D.  
Feb 8 1931 (Address) Burroughs

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

T. F. B. Md. Feb. 9, 1931

20 UNDERTAKER ADDRESS

Wilmer Burroughs Wandymore  
acting Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cardiac, that fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labor pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of . . . . . (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Hemiplegia," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by falling train—accident; Rencher wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 4 1931  
BUREAU V. S.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County P. Geo.

Village or City Bowie, Md (No.       )

2 FULL NAME Doris Viola Chittams

02053

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 243

St.        Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Dec. 4<sup>th</sup>, 1930  
(Month) (Day) (Year)

7 AGE 2 yrs. 17 mos. 17 ds. or        min.?  
IF LESS than 1 day \_\_\_\_ hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed or (employer)       

9 BIRTHPLACE (State or country) Maryland  
10 NAME OF FATHER Frank Chittams

11 BIRTHPLACE OF FATHER (State or country) Maryland  
12 MAIDEN NAME OF MOTHER Viola A Thomas  
13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Chittams  
(Address) Bowie, Md

15 Filed Feb. 22 1931 J. E. Lancaster  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 21, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 21, 1931 to Feb. 21, 1931, that I last saw her alive on Feb. 21, 1931, and that death occurred on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH \* was as follows:

Gastroenteritis, Acute  
Unknown disease  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory  
Secondary

(Signed) J. E. Lancaster M.D.  
Feb. 22 1931 (Address) Bowie, Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death?       

Former or usual residence       

19 PLACE OF BURIAL OR REMOVAL Armenian Church DATE OF BURIAL Feb. 22, 1931

20 UNDERTAKER M. E. Ludwig & Sons ADDRESS Bowie, Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory."* (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1931  
BUREAU



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02054

## 1. PLACE OF DEATH

County Prince Georges  
Village or City RitchieRegistration Dist. No. 235

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 9 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Ritchie St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of Mary Irene Cross  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec 24, 18887. AGE Years 42 Months 1 Days 29 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Job.  
10. Date deceased last worked at this occupation (month and year) Feb 16, 1931 11. Total time (years) spent in this occupation 912. BIRTHPLACE (city or town) Bearna Vista  
(State or country) Maryland13. NAME Richard Cross14. BIRTHPLACE (city or town) Maryland  
(State or country)15. MAIÖEN NAME Emma Elizabeth Rabbit16. BIRTHPLACE (city or town) District of Columbia  
(State or country)17. INFORMANT Mary Irene Cross  
(Address) Lanham, Md18. BURIAL, CREMATION, OR REMOVAL  
Place Forestville Date 2-25, 193119. UNOERTAKER Ritchie Bros.  
(Address) Ritchie, Md20. FILED 2-24, 1931 Thos. J. Guffe  
D.H.S. Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb 23, 1931  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Feb 17, 1931, to Feb 23, 1931  
I last saw him alive on Feb 23, 1931; death is saidto have occurred on the date stated above, at 1:00 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

2-16-31

## Other Contributory Causes of Importance:

La Grippe2-10-31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) James D. Boyd M.D.(Address) Upper Marlboro Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant**—private family, **cook**—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner**, **weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store**, **soap factory**, **cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer**, **mechanical engineer**, **mining engineer**, **stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter**, **painter**, **machinist**, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other contributory causes of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Prince Georges

02055

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 230

(23)

Village or City Branchville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Edward Doyle

## PERSONAL AND STATISTICAL PARTICULARS

|                      |                                 |                                                                                     |
|----------------------|---------------------------------|-------------------------------------------------------------------------------------|
| 3 SEX<br><u>male</u> | 4 COLOR OR RACE<br><u>white</u> | 5 SINGLE,<br>MARRIED, <u>married</u><br>WIDOWED,<br>OR DIVORCED<br>(Write the word) |
|----------------------|---------------------------------|-------------------------------------------------------------------------------------|

6 DATE OF BIRTH

May 13, 1856  
(Month) (Day) (Year)

7 AGE

75 yrs. 8 mos. 27 ds. or 1 day 5 hrs. 5 min. 5 sec.  
If LESS than 1 day.... hrs. 2

8 OCCUPATION

(a) Trade, profession or particular kind of work Track workman  
(b) General nature of industry, business, or establishment in which employed or (employer) General R.R.

9 BIRTHPLACE

(State or country)

Washington, D.C.

10 NAME OF FATHER

Unknown Doyle

11 BIRTHPLACE OF FATHER

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Annie R. Flinn

13 BIRTHPLACE OF MOTHER

(State or country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter A Doyle(Address) Branchville, Md.

15

Filed Feb 11 1930John Smith  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 9, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

January 29 1931, to Feb. 9 1931.that I last saw him alive on Feb. 7 1931.and that death occurred on the date stated above, at 7:05 P.M.

The CAUSE OF DEATH was as follows:

Pulmonary T.B.Contributory  
Secondary(Duration) Several mos. .... ds.

(Duration) .... yrs. .... mos. .... ds.

(Signed) W. Allen Guffey, M.D.2/10 1931 (Address) Branchville, Md.

State the Disease Causing Death, or, in cases from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .... yrs. .... mos. .... ds. In the State, .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Imperial Laurel2/11/31

20 UNDERTAKER

ADDRESS

Lord KaiserLaurel Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the **LAST CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Transition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

MAR 4 1931

BUREAU

M. E. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| 1 PLACE OF DEATH                                                                                                                                                               |                                            | STATE OF MARYLAND                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| County                                                                                                                                                                         |                                            | CERTIFICATE OF DEATH                                                                          |  |
| Village or City                                                                                                                                                                |                                            | Registration Dist. No.                                                                        |  |
| Pr Geo                                                                                                                                                                         |                                            | 238                                                                                           |  |
| Cand Springs -                                                                                                                                                                 |                                            | St: Ward)                                                                                     |  |
| 2 FULL NAME                                                                                                                                                                    |                                            | (If death occurred in a hospital or institution, give its NAME instead of street and number.) |  |
| Mary Cordelia M. Elder                                                                                                                                                         |                                            |                                                                                               |  |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                           |                                            |                                                                                               |  |
| 3 SEX                                                                                                                                                                          | 4 COLOR OR RACE                            | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)                                       |  |
| Female                                                                                                                                                                         | White                                      | Married                                                                                       |  |
| 6 DATE OF BIRTH                                                                                                                                                                |                                            |                                                                                               |  |
| Nov 23 1886                                                                                                                                                                    |                                            |                                                                                               |  |
| 7 AGE                                                                                                                                                                          |                                            |                                                                                               |  |
| 44 yrs. 3 mos. 1 ds. or min. ?                                                                                                                                                 |                                            |                                                                                               |  |
| 8 OCCUPATION                                                                                                                                                                   |                                            |                                                                                               |  |
| (a) Trade, profession or particular kind of work                                                                                                                               |                                            |                                                                                               |  |
| Housewife                                                                                                                                                                      |                                            |                                                                                               |  |
| (b) General nature of industry business, or establishment in which employed or (employer)                                                                                      |                                            |                                                                                               |  |
| 9 BIRTHPLACE (State or country)                                                                                                                                                |                                            |                                                                                               |  |
| Ind                                                                                                                                                                            |                                            |                                                                                               |  |
| PARENTS                                                                                                                                                                        | 10 NAME OF FATHER                          |                                                                                               |  |
|                                                                                                                                                                                | James B. Elder                             |                                                                                               |  |
|                                                                                                                                                                                | 11 BIRTHPLACE OF FATHER (State or country) |                                                                                               |  |
| Ind                                                                                                                                                                            |                                            |                                                                                               |  |
| 12 MAIDEN NAME OF MOTHER                                                                                                                                                       |                                            |                                                                                               |  |
| Martha E. Mattingly                                                                                                                                                            |                                            |                                                                                               |  |
| 13 BIRTHPLACE OF MOTHER (State or country)                                                                                                                                     |                                            |                                                                                               |  |
| Ind                                                                                                                                                                            |                                            |                                                                                               |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)                                                                                                                   |                                            |                                                                                               |  |
| Francis Carl Elder                                                                                                                                                             |                                            |                                                                                               |  |
| (Address) 831 Rock Creek Ch Rd                                                                                                                                                 |                                            |                                                                                               |  |
| 15 Filed Feb 25 1921                                                                                                                                                           |                                            |                                                                                               |  |
| Registrar                                                                                                                                                                      |                                            |                                                                                               |  |
| MEDICAL CERTIFICATE OF DEATH                                                                                                                                                   |                                            |                                                                                               |  |
| 16 DATE OF DEATH                                                                                                                                                               |                                            |                                                                                               |  |
| Feb 24 1921                                                                                                                                                                    |                                            |                                                                                               |  |
| 17 I HEREBY CERTIFY, That I attended the deceased from 2/16/21 to 2/24/21 that I last saw him alive on 2/24/21 and that death occurred on the date stated above, at 10:20 P.M. |                                            |                                                                                               |  |
| The CAUSE OF DEATH was as follows:                                                                                                                                             |                                            |                                                                                               |  |
| Chronic Nephritis                                                                                                                                                              |                                            |                                                                                               |  |
| Duration (Duration) yrs. mos. da.                                                                                                                                              |                                            |                                                                                               |  |
| Contributory Secondary                                                                                                                                                         |                                            |                                                                                               |  |
| Head ailment                                                                                                                                                                   |                                            |                                                                                               |  |
| (Signed) M. D.                                                                                                                                                                 |                                            |                                                                                               |  |
| Apr 4 1921 (Address) 806 D St                                                                                                                                                  |                                            |                                                                                               |  |
| *State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal or Homicidal.                              |                                            |                                                                                               |  |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)                                                                                          |                                            |                                                                                               |  |
| At place of death yrs. mos. da.                                                                                                                                                |                                            |                                                                                               |  |
| In the State, yrs. mos. da.                                                                                                                                                    |                                            |                                                                                               |  |
| Where was disease contracted, if not at place of death?                                                                                                                        |                                            |                                                                                               |  |
| Former or usual residence                                                                                                                                                      |                                            |                                                                                               |  |
| 19 PLACE OF BURIAL OR REMOVAL                                                                                                                                                  |                                            | DATE OF BURIAL                                                                                |  |
| St Thomas Bel Air Md                                                                                                                                                           |                                            | Feb 26 1921                                                                                   |  |
| 20 UNDERTAKER                                                                                                                                                                  |                                            | ADDRESS                                                                                       |  |
| Smith & Ryson                                                                                                                                                                  |                                            | Haledor Md                                                                                    |  |



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Rhegia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. "Puerperal septicæmia," "Puerperal peritonitis," etc., State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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MAR 4 1931

BUREAU

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Pr. GeorgesVillage or City Bowie (No. \_\_\_\_\_)STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 243

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Luraine Calberk-Fletcher

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH Sept 6, 1930  
(Month) (Day) (Year)7 AGE \_\_\_\_\_ If LESS than  
\_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds. or \_\_\_\_\_ hrs. min.?8 OCCUPATION  
(a) Trade, profession or particular kind of work Infant  
(b) General nature of industry business, or establishment in which employed or (employer)9 BIRTHPLACE  
(State or country) Maryland10 NAME OF FATHER Calberk Fletcher11 BIRTHPLACE OF FATHER  
(State or country) Maryland12 MAIDEN NAME OF MOTHER Elenor Foster13 BIRTHPLACE OF MOTHER  
(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Foster(Address) Bowie Md15 Filed Feb. 6 1931 J. H. Chambers Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 5, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Feb 5 1931 to Feb 5 1931,  
that I last saw her alive on Feb 5 1931,  
and that death occurred on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH \* was as follows:

Pneumonia (Bronch)(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.Contributory  
Secondary

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Thos J. Walfer M. D.  
Feb 6 1931 (Address) Bowie Md

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Assumption Church DATE OF BURIAL Feb. 6, 193120 UNDERTAKER M. Flackney & Sons ADDRESS Bowie. Md

(Approved by U. S. Census and American Public Health Association.)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia," "shar pneumonia, Bronchopneumonia ("Pneumonia,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 1 the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF, DEATH  
County Baltimore

02058 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 242

Village or City Fairmont Hts. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Franklin

# PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE C. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Feb. 3, 1869  
(Month) (Day) (Year)

7 AGE 62 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Laborer.  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Virginia

10 NAME OF FATHER Benjamin Franklin

11 BIRTHPLACE OF FATHER (State or country) VA.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or Country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Kirkland  
(Address) Fairmont Hts. Md.

15 Filed Feb. 5, 1931 Grace Alow Registrar

# MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 3, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 28, 1931 to Feb 3, 1931 that I last saw him alive on Feb. 2, 1931

and that death occurred on the date stated above, at 7 1/2 m.  
The CAUSE OF DEATH \* was as follows:

Contributory Secondary \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. M. Brady M. D.  
Feb 3, 1931 (Address) Seat Pleasant Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Lincoln Memorial DATE OF BURIAL 2/6, 1931

20 UNDERTAKER John M. Stewart ADDRESS 304 H St E

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 5 1901  
BUR



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 02059

## 1. PLACE OF DEATH

County Prince George Registration Dist. No. 245  
 Village or City Brentwood No. 100 Highland ave St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

## 2. FULL NAME

Not named  
 (a) Residence: No. 100 Highland ave St. Ward  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                                         |                                    |                                                                                                |
|---------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------|
| 3. SEX<br><u>Male</u>                                                                                   | 4. COLOR OR RACE<br><u>colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u>                     |
| 5a. If married, widowed, or divorced<br>HUSBAND of <u>—</u><br>(or) WIFE of <u>—</u>                    |                                    |                                                                                                |
| 6. DATE OF BIRTH (month, day, and year)                                                                 |                                    |                                                                                                |
| 7. AGE<br><u>✓</u>                                                                                      | Years <u>✓</u>                     | Months <u>—</u>                                                                                |
| Days <u>—</u>                                                                                           |                                    | If LESS than<br>1 day, <u>—</u> hrs.<br>or <u>—</u> min.                                       |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>—</u> |                                    | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>—</u> |
| 10. Date deceased last worked at this occupation (month and year)                                       |                                    | 11. Total time (years) spent in this occupation                                                |

OCCUPATION

MOTHER FATHER

|                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| 12. BIRTHPLACE (city or town) <u>Brentwood Md</u><br>(State or country)                           |
| 13. NAME <u>Mother</u>                                                                            |
| 14. BIRTHPLACE (city or town) <u>100 Highland Ave</u><br>(State or country) <u>Brentwood Md</u>   |
| 15. MAIDEN NAME <u>Miss Marion Gaither</u>                                                        |
| 16. BIRTHPLACE (city or town) <u>Boston</u><br>(State or country) <u>Mass.</u>                    |
| 17. INFORMANT <u>—</u><br>(Address)                                                               |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Bladensburg Md</u><br>Place <u>—</u> Date <u>Feb 14/1931</u> |
| 19. UNDERTAKER <u>F. L. Lous</u><br>(Address) <u>Bladensburg Md</u>                               |
| 20. FILED <u>Feb 14</u> , 19 <u>31</u> <u>Mrs. Jas. Senere</u><br>Registrar.                      |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 11, 1931  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

2/11, 1931, to 2/11, 1931

I last saw him — alive on —, 19—; death is said

to have occurred on the date stated above, at — m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Born

Date of onset

Other Contributory Causes of importance:

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —  
 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —Nature of injury —

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Mellie M. Spiller M. D.

(Address) Brentwood, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Baby first seen by me lying on floor between the legs of mother who was kneeling on the floor. This was about fifteen minutes after its birth. No sound was made by baby according to statement of woman present.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02060

## 1. PLACE OF DEATH

County

Melwood Prince Georges 210 m

Registration Dist. No.

235

Village or City

Melwood

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Henry Irving Garner

(a) Residence: No.

Upper Marlboro St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 8, 1909

7. AGE

Years

Months

Days

If LESS than

22 1909

Feb 0

8 20

1 day, ... hrs.  
or ... min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Laborer on

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Farm

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Melwood, Md.

(State or country)

MOTHER FATHER

13. NAME

James H. Garner

14. BIRTHPLACE (city or town)

Maryland

(State or country)

15. MAIDEN NAME

Josephine Smith

16. BIRTHPLACE (city or town)

Maryland

(State or country)

17. INFORMANT

(Address)

J. H. Garner  
Upper Marlboro Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Upper Marlboro

Date

3-3

1931

19. UNDERTAKER

(Address)

Ritchie Bros  
Ritchie Md

20. FILED 3-3

1931

Thos J. Effelt  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb 28

28

1931

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Feb 28

1931

to

Feb 28, 1931

I last saw him alive on

19

death is said

to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Fractured skull caused  
by an unavoidable  
automobile accident  
(Struck while walking  
along road)

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury Feb 28 1931

Where did injury occur?

Melwood

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

On road

Manner of injury

Automobile Accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

James J. Bond

M. D.

(Address)

Forestville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH 02061

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

22 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

3504

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

3a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

Charles Gordon

6. DATE OF BIRTH (month, day, and year)

Nov 10 - 1838

7. AGE

Years

93

Months

2

Days

27

If LESS than

1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

None

1D. Date deceased last worked at this occupation (month and year)

—

11. Total time (years) spent in this occupation

—

12. BIRTHPLACE (city or town)

Warrenton Va

(State or country)

FATHER

13. NAME

Francis Marion Meador

14. BIRTHPLACE (city or town)

Warrenton Va

(State or country)

MOTHER

15. MAIDEN NAME

Sarah Jane Briscoe

16. BIRTHPLACE (city or town)

Frederick Va

(State or country)

17. INFORMANT

(Address)

L. B. Gordon

18. BURIAL, CREMATION, OR REMOVAL

Place

Alexandria Va

Date

Feb 11, 31

19. UNDERTAKER

(Address)

F. E. Smith Inc

20. FILED

Feb 9, 31

Shady Valley Md

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

February 9

(Month)

(Day)

1931

(Year)

22.

I HEREBY CERTIFY That I attended deceased from

June 1927 to Feb 9, 1931

I last saw him alive on February 8, 1931; death is said

to have occurred on the date stated above, at 4:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

(?)

Other Contributory Causes of importance:

Atherosclerosis

Name of operation

None

Date of

What test confirmed diagnosis?

—

Was there an autopsy?

no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Clarence A. Neam, D.

(Address) 1614 Q St NW

Wash DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as **spinner, weaver, etc.**

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.** Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as **carpenter, painter, machinist, etc.** Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--------------------------------------------------------------------------------|---------------------|
| <i>Arteriosclerosis</i>                                                        | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>                                          | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>                                                     | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>                                                              | <i>May 1, 1923</i>  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--------------------------------------------------------------------------------|-------------------|
| <i>Attack of epilepsy</i>                                                      | <i>1 week ago</i> |
| <i>Run over by street car</i>                                                  | <i>1 week ago</i> |
| <i>Peritonitis</i>                                                             | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>                                                         | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Village or City

(No.

St;

Ward)

## 2 FULL NAME

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

Feb

3

1930

(Month)

(Day)

(Year)

7 AGE

1 yrs. 0 mos. 18 ds.

It LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

1931

REGISTRAR

(24)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 21

(Month)

(Day)

1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 21, 1931,

that I last saw her alive on Feb 19, 1931,

and that death occurred on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH \* was as follows:

Tuberculous meningitis

(Duration) yrs. mos. 14 ds.

Contributory

Secondary

(Signed)

W. S. S. Pulcher, M.D.  
Feb 21, 1931 (Address) Ritchie, Ind.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place

of death yrs. mos. ds.

In the

State, yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Hope Cemetery

2/23, 1931

20 UNDERTAKER

ADDRESS

Andrew Gray (Father)

Camp Springs

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Articled*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *menin-*

*ges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal, septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAR 4 1931

BUREAU V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George

02053

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 235

Village or City Switzland, Md. Post Office Anacostia DC, St. W #3, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Peter Gromen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH February 24 1852  
(Month) (Day) (Year)

7 AGE 78 yrs. 11 mos. 21 ds. or min. 2  
If LESS than 1 day hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Wool Weaver  
(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Rettau, Romania

10 NAME OF FATHER Peter Gromen

11 BIRTHPLACE OF FATHER (State or country) Romania

12 MAIDEN NAME OF MOTHER Agneta Sturm

13 BIRTHPLACE OF MOTHER (State or Country) Romania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine Gromen  
(Address) Anacostia DC, W #3.

15 Filed 2/17 1931 500 Prince  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 15 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from December 1 1930 to February 15 1931, that I last saw him alive on February 15 1931, and that death occurred on the date stated above, at 11:30 P.M.  
The CAUSE OF DEATH \* was as follows:

Carcinoma of Bladder

(Duration) 1 yrs. 1 mos. 1 ds.

Contributory Secondary Secondary Anemia and Exhaustion  
(Duration) 1 yrs. 1 mos. 1 ds.

(Signed) Paul E. Van Vleet M. D.  
Feb 16 1931 (Address) Upper Marlboro Md

\*State the disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1 yrs. 1 mos. 1 ds. In the State 1 yrs. 1 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cedar Hill Rd DATE OF BURIAL Feb 18 1931

20 UNDERTAKER Ritchie Bros ADDRESS Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 6 1911  
BUREAU OF



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Prince George

02064

108

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 235

Village or City Switland, Md. (Post Office Acacia DC #3) St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cora Jane Hardy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Apr. 1863 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

7 AGE 67 yrs. 10 mos. ds. or \_\_\_\_\_ min.?

8 OCCUPATION (a) Trade, profession or particular kind of work Home Maker (b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER James Richardson

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or Country) Prince Geo. Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. E. Richardson

(Address) Burns, D.C.

15 Filed 2/4 1931 Thos. D. Guffeth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 4, 1931 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

17 I HEREBY CERTIFY, That I attended the deceased from Jan 20 1931 to Feb 4 1931, that I last saw her alive on Jan 31 1931,

and that death occurred on the date stated above, at 2<sup>40</sup> a.m. The CAUSE OF DEATH \* was as follows:

Acute Pneumonia  
Duration 10 days  
Acute nephritis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

Contributory Toxic nephritis Secondary (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

(Signed) Paul E. Varnatta M. D. Feb. 4 1931 (Address) Upper Marlboro Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Forest Hill Md. DATE OF BURIAL Feb. 6<sup>th</sup> 1931

20 UNDERTAKER L. M. Padgett ADDRESS 131-114 S.E. St.

Apr. 19.

V. S. No. 1

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

|                                                                                                                                                                                                                                               |                                                      |                                                                                                                         |  |                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|
| 1 PLACE OF DEATH<br>County <u>Prince Georges</u>                                                                                                                                                                                              |                                                      | 02065                                                                                                                   |  | STATE OF MARYLAND<br>CERTIFICATE OF DEATH |  |
| Village or City <u>Cheltenham</u> (No. <u>23</u> )                                                                                                                                                                                            |                                                      | St. <u>        </u> Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |  | Registration Dist. No. <u>240</u>         |  |
| 2 FULL NAME <u>Alberta Jefferson</u>                                                                                                                                                                                                          |                                                      |                                                                                                                         |  |                                           |  |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                          |                                                      |                                                                                                                         |  |                                           |  |
| 3 SEX<br><u>F.</u>                                                                                                                                                                                                                            | 4 COLOR OR RACE<br><u>C</u>                          | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)<br><u>M</u>                                                    |  |                                           |  |
| 6 DATE OF BIRTH<br><u>March 23</u> 1908 (Month) (Day) (Year)                                                                                                                                                                                  |                                                      |                                                                                                                         |  |                                           |  |
| 7 AGE<br><u>22</u> yrs. <u>11</u> mos. <u>5</u> ds. or min. If LESS than 1 day, hrs. min.                                                                                                                                                     |                                                      |                                                                                                                         |  |                                           |  |
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work <u>Domestic</u><br>(b) General nature of industry, business, or establishment in which employed or (employer) <u>        </u>                                                |                                                      |                                                                                                                         |  |                                           |  |
| 9 BIRTHPLACE (State or country) <u>Md</u>                                                                                                                                                                                                     |                                                      |                                                                                                                         |  |                                           |  |
| PARENTS                                                                                                                                                                                                                                       | 10 NAME OF FATHER <u>Robert Nelson</u>               |                                                                                                                         |  |                                           |  |
|                                                                                                                                                                                                                                               | 11 BIRTHPLACE OF FATHER (State or country) <u>Md</u> |                                                                                                                         |  |                                           |  |
|                                                                                                                                                                                                                                               | 12 MAIDEN NAME OF MOTHER <u>Elizabeth Greenfield</u> |                                                                                                                         |  |                                           |  |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Md</u>                                                                                                                                                                                          |                                                      |                                                                                                                         |  |                                           |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>Robert Nelson</u><br>(Address) <u>Cheltenham, Md</u>                                                                                                                       |                                                      |                                                                                                                         |  |                                           |  |
| 15 Filed <u>Feb. 28</u> 1931, <u>Julius K. Smith</u> Registrar                                                                                                                                                                                |                                                      |                                                                                                                         |  |                                           |  |
| MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                                                                  |                                                      |                                                                                                                         |  |                                           |  |
| 16 DATE OF DEATH <u>Feb. 27</u> 1931 (Month) (Day) (Year)                                                                                                                                                                                     |                                                      |                                                                                                                         |  |                                           |  |
| I HEREBY CERTIFY, That I attended the deceased from <u>June 15</u> 1929, to <u>Feb. 27</u> 1931, that I last saw him alive on <u>Feb. 3</u> 1931, and that death occurred on the date stated above, at <u>2 P</u> m.                          |                                                      |                                                                                                                         |  |                                           |  |
| The CAUSE OF DEATH * was as follows:<br><u>Pulmonary Tuberculosis</u><br>(Duration) <u>2</u> yrs. mos. ds.                                                                                                                                    |                                                      |                                                                                                                         |  |                                           |  |
| Contributory Secondary<br>(Signed) <u>John O. Powers</u> M. D.<br><u>Feb. 28</u> 1931 (Address) <u>Handyman, Md</u>                                                                                                                           |                                                      |                                                                                                                         |  |                                           |  |
| *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.                                                                                              |                                                      |                                                                                                                         |  |                                           |  |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)<br>At place of death, yrs. mos. ds. In the State, yrs. mos. ds.<br>Where was disease contracted, if not at place of death?<br>Former or usual residence. |                                                      |                                                                                                                         |  |                                           |  |
| 19 PLACE OF BURIAL OR REMOVAL <u>St. Peter's Church</u> DATE OF BURIAL <u>Mar. 1, 1931</u>                                                                                                                                                    |                                                      |                                                                                                                         |  |                                           |  |
| 20 UNDERTAKER <u>Smith &amp; Ryan</u> ADDRESS <u>Waldorf, Md</u>                                                                                                                                                                              |                                                      |                                                                                                                         |  |                                           |  |

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work, and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-mother, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*typhus and fever*—the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . .* (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Ibanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by falling train—accident; Revolver wound of head—homicide; Poisoned by carboic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAR 4 1931

BUREAU V. S.

02056

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 243<sup>1</sup> PLACE OF DEATH  
County P. GeoVillage or City Bowie (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

<sup>2</sup> FULL NAME Mary Nora Jewell

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 ~~SINGLE.~~ widowed  
~~MARRIED.~~  
~~OR DIVORCED~~  
(Write the word)6 DATE OF BIRTH May 6, 1861  
(Month) (Day) (Year)7 AGE 70 yrs. 9 mos. 4 ds. or min.  
If LESS than 1 day \_\_\_\_\_ hrs.8 OCCUPATION  
(a) Trade, profession or particular kind of work none  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Canada10 NAME OF FATHER Patrick Mc Mahon11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Nora Kearns13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Anna M. Lancaster  
(Address) Bowie, Md15 Filed Feb. 11, 1931 G. E. Lancaster  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 10, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Feb. 1st, 1931 to Feb. 10, 1931, that I last saw her alive on Feb. 10, 1931.

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Chronic Interstitial nephritis  
(Duration) 1 yrs. mos. ds.Contributory  
Secondary(Signed) G. E. Lancaster M. D.  
Feb. 11, 1931 (Address) Bowie, Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Ascension Church Bowie, Md DATE OF BURIAL Feb. 12, 193120 UNDERTAKER M. Fladung & Sons ADDRESS Bowie Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

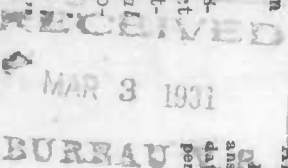
(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return 'Laborer,' 'Foreman,' 'Manager,' 'Dealer,' etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia* *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninginges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Hæmiplegia," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL, *septicæmia*," "PUERPERAL, *peritonitis*," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A little care is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince GeorgesVillage or City near Waldorf (No. \_\_\_\_\_)2 FULL NAME Sylvester Ignatius JonesSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 234

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M6 DATE OF BIRTH Feb. 22 1877  
(Month) (Day) (Year)7 AGE 54 yrs. 11 mos. 25 ds. or min.?8 OCCUPATION  
(a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed or (employer) harrowing9 BIRTHPLACE (State or country) Md.10 NAME OF FATHER Harry Jones11 BIRTHPLACE OF FATHER (State or country) Md.12 MAIDEN NAME OF MOTHER Louise Delaney13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Jones(Address) Waldorf, Md.15 Filed Feb 18 1923 Rena Hunt  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 16 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
on Feb. 16 1931 to Feb. 16 1931,  
that I last saw him alive on Feb. 16 1931,  
and that death occurred on the date stated above, at 9 P m.The CAUSE OF DEATH \* was as follows:  
Cerebral HemorrhageContributory  
Secondary Paralysis  
(Duration) yrs. mos. 12 hrs(Signed) Walter E. Powers M. D.  
Feb. 17 1931 (Address) Branchville, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Piscataway Feb. 19 1931

20 UNDERTAKER ADDRESS

Huntt & Ryan Waldorf Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrus pitted fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origia; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Hemiplegia," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 5 1931  
BUREAU U. S.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County

Montgomery Prince George

02068

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 223

Village or City

Takoma Park (No. 310 Spring Ave)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Robert Huntington Jordan

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

September 17, 1929  
(Month) (Day) (Year)

7 AGE

1 yrs. 5 mos. 6 ds. or min.

If LESS than  
1 day, hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or particular kind of work

None

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Washington, D.C.

10 NAME OF  
FATHER

Frederick S. Jordan

11 BIRTHPLACE  
OF FATHER  
(State or country)

Portland, Maine

12 MAIDEN NAME  
OF MOTHER

Alma C. Huntington

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Harpswell, Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

T. S. Jordan

(Address)

310 Spring Ave. Takoma Park

15

Filed

Feb. 24, 1931 R. E. Rogers

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 23, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended the deceased from  
Feb 18, 1931 to Feb 23, 1931

that I last saw him alive on Feb 23, 1931

and that death occurred on the date stated above, at 11:50 P. M.

The CAUSE OF DEATH \* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 5 ds.

Contributory  
SecondaryAnaemia secondary to  
Enterocolitis (Duration) yrs. 6 mos. ds.

(Signed) H. H. Howell M. D.

Feb 23, 1931 (Address) 928 Spring Ave.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Portland Maine Feb 26, 1931

20 UNDERTAKER

W. G. Pumphrey Rockville, Md

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; a void use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PERIPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1931

BUREAU V. S.



N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince Georges

Village or City near Berwyn (No. \_\_\_\_\_)

2 FULL NAME Blanche Darne Larkin

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 230

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
(Write the word)

6 DATE OF BIRTH

May 19 1872  
(Month) (Day) (Year)

7 AGE

58 yrs. 9 mos. 5 ds. or min. ?

8 OCCUPATION

(a) Trade, profession or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE

(State or country) Washington, D.C.

10 NAME OF FATHER

Charles M. Harris

11 BIRTHPLACE OF FATHER

(State or country) Va.

12 MAIDEN NAME OF MOTHER

Emerella Ashford

13 BIRTHPLACE OF MOTHER

(State or country) Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isabelle F Brooke

(Address) Hyattsville Md

15

Filed July 24 1931 John Smith  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 24, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Feb 24 1931, to February 24, 1931  
that I last saw him alive on February 24, 1931.

and that death occurred on the date stated above, at 3:30 A.M.

The CAUSE OF DEATH was as follows:

Angina Pectoris

Contributory  
Secondary

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Acute Indigestion

(Signed) W. Allen Gifford M.D.

Feb 24 1931 (Address) Berwyn, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. In the State, \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Manassas Va Feb 26, 1931

20 UNDERTAKER

ADDRESS

Baker Manassas Va

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculois of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Transition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAR 4 1931

BUREAU

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George

Village or City Mt. Rainier

(No. 3616 Bunker Hill Rd St. Ward)

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 246

2 FULL NAME John Harvey McCurdy

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower

6 DATE OF BIRTH Aug 16 1864 (Month) (Day) (Year)

7 AGE 76 yrs. 6 mos. 10 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work Farmer (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Ind:

10 NAME OF FATHER James M. McCurdy

11 BIRTHPLACE OF FATHER (State or country) Pa

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (State or Country) Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J. D. Storer

(Address) Mt Rainier Md

15 Filed Feb 27 1931 Harry Kelly, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 26, 1931 (Month) 26 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from February 26 1931 to February 26 1931 that I last saw him alive on February 26, 1931.

and that death occurred on the date stated above at 10:15 P.m.

The CAUSE OF DEATH \* was as follows: Auto cardiac dilatation

Contributory (Duration) yrs. mos. 1 1/2 hrs. Chronic cholecystitis

(Signed) Earl W. Graeff M. D. 2/26 1931 (Address) 1515 P. I. Ave. NE, Wash. D.C.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hagerstown Md DATE OF BURIAL Feb 28/ 19 31

20 UNDERTAKER F. Gasch Louis ADDRESS Spethville Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Icteric," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia, "PUERPERAL peritonitis, etc.* State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1901  
BUREAU OF VITAL STATISTICS

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County B. Yu WITHIN CORPORATE LIMITS (181)

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 239

Village or City Land (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert F. Pearson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Sept 1st, 1850  
(Month) (Day) (Year)

7 AGE 80. yrs. 5 mos. 6 ds. or LESS than 1 day \_\_\_\_ hrs. \_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work laborer  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Md

10 NAME OF FATHER Johnathan Pearson

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Sallie Free

13 BIRTHPLACE OF MOTHER (State or Country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lemuel Pearson

(Address) Laurel Md.

15 Filed Feb 9 1931 Willie Brashers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb - 7, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 1, 1930 to Feb 7, 1931, that I last saw him alive on Jan 6, 1931

and that death occurred on the date stated above, at 6 9 m.  
The CAUSE OF DEATH \* was as follows:

Chronic Intestinal Vascular

(Duration) 1 yrs. 7 mos. 7 ds.

Contributory  
Secondary

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Dr. J. B. Pearson M. D.  
27 1931 (Address) Laurel Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence. \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Trinity Cemetery DATE OF BURIAL 2/9/31, 19

20 UNDERTAKER Laurel Md. ADDRESS Laurel Md.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Form laborer, Lober—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cardiospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by rolling train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PROMPTLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George

Village or City Naylor (No. .... St. .... Ward .....

2 FULL NAME George M. Middleton

02072

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 233

If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH Feb 7, 1856  
(Month) (Day) (Year)

7 AGE 24 yrs. 11 mos. 20 ds. or min. ?  
If LESS than 1 day....hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed or (employer) .....

9 BIRTHPLACE

(State or country) Ind

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Ellen Middleton

13 BIRTHPLACE OF MOTHER

(State or country) Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Middleton

(Address) Naylor, Ind

15

Filed Feb 2, 1931

Ernest W. Garner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 1, 1931  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from

192... to 192...

that I last saw him alive on 192...

and that death occurred on the date stated above, at.....

The CAUSE OF DEATH was as follows:

Chronic Brights Disease

(Duration) .... yrs. .... mos. .... da.

Contributory  
Secondary

(Duration) .... yrs. .... mos. .... da.

(Signed) Ernest W. Garner M.D.

Feb 2, 1931 Local Registrar Ind

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.... yrs. .... mos. .... da. In the State, .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence, .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Brooks Church Feb 2, 1931

20 UNDERTAKER

A. J. Grimes Aquasco, Ind

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Death Association.)

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**Statement of Cause of Death.**—Name, first the disease causing death (the primary affection), and then, in proper to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoids use of "croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia").

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BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Cerebral," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Haemorrhage," "Hæmiplegia," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George's

02073

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2446

Village or City Brentwood (No. 107-Balls Blod. St. 3 Ward 3) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Middleton

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Jan 8 1924  
(Month) (Day) (Year)

7 AGE 77 yrs. 26 mos. 26 ds. or min.?  
IF LESS than 1 day hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Westchester Pa

10 NAME OF FATHER Dennis Rush

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elmer Moore

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. John M. Middleton  
(Address) 107-Balls Blod. Brentwood

15 Filed Feb 3 1924 Harry Hally M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec 7 1923 to Feb 2 1924, that I last saw him alive on Feb 2 1924, and that death occurred on the date stated above, at 12 P.M.

The CAUSE OF DEATH \* was as follows:

Cardio-renal vascular disease.

Contributory Secondary Dehydration  
(Duration) 3 yrs. mos. ds.

(Signed) Harry Hally M. D.  
Feb 3 1924 (Address) 107-Balls Blod.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 3 yrs. 26 mos. 26 ds. In the State 3 yrs. 26 mos. 26 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL First Lincoln Burial DATE OF BURIAL 2/10 1924

20 UNDERTAKER Charles Ziminski ADDRESS Wendy St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Positive statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a suffix word or term on the first line will be sufficient, e. g., *Farmer or Farmer-Physician*, *Contractor*, *Artist*, *Journalist*, *Engineer*, *Civil engineer*, *Hotelkeeper*, *Merchant*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Woman*, (b) *Automobile factory*. The material worked on may form part of the general statement. Never return "Laborer," "Farmer," "Miner," "Dialler," etc., without more precise specification as *Day laborer*, *farm laborer*, *miner—coal mine*, etc. Women at home, who are engaged in the duties of the household only, and paid housewives who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *German Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of illness, or is a strike, insert state occupation at beginning of line. If retired from business, that fact may be indicated thus: *Formerly* (insert 6 yrs.) *For persons who have no occupation whatever write None*.

**Statement of Cause of Death**—Name, first, the last name, and date of death, beginning with respect to time and season, using always the same arrangement for the same day, e. g., *September 1, 1901*; *fever*, the only definite symptom is "Typhoid enteritis"; final diagnosis is *Typhoid enteritis*; avoid use of "Croup"; *Typhoid fever* must report "Typhoid enteritis"; *Lobar pneumonia*, *bronchopneumonia*, "Pneumonia,"

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MAR 5 1901

BUREAU

unqualified, is indefinite; *Tuberculosis of lungs*, *meningitis*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anoxia," "merely symptomatic," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comatose"), "Senile," etc., "Dropsy," "Emaciation," "Heart failure," "Hæmorrhage," "Hæmiplegia," "Paralysis," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal symptoms," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *providing such, if impossible to determine definitely*. Examples: *Accidental drowning*, *Struck by railway train*—*and fatal*; *Violent removal of head—suicide*; *Poisoned by carbide gas—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *abscess*) may be listed under the head of "contributory" (12). Dependence on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

It is preferable to list all such thoroughly and as fully as possible in detail, as will permit further correspondence. All the data in detail and must be obtained before the certificate is completed.



N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Pr. Georges.Village or City Riversdale(No. 710)Lincoln avSt.: 3 Ward)Registration Dist. No. 245

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Mary Fields Minker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

A5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Widow

6 DATE OF BIRTH

Nov181897

(Month)

(Day)

(Year)

7 AGE

84 yrs. 3 mos. 7 ds.

If LESS than

1 day. hrs.

or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

None

(b) General nature of industry business, or establishment in which employed or (employer)

None

9 BIRTHPLACE

(State or country)

Media Pa.10 NAME OF  
FATHERHells.11 BIRTHPLACE  
OF FATHER

(State or country)

Pa.12 MAIDEN NAME  
OF MOTHERSusan Correll13 BIRTHPLACE  
OF MOTHER

(State or country)

Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Edward Campbell

(Address)

Danville Riversdale Md15 Filed Feb 25 1931Mrs. Joe Seneca

Registrar

02074

(57)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 25, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
June 15 1931 to Feb 25 1931.  
that I last saw her alive on Feb 25 1931.and that death occurred on the date stated above, at 1:30 P m.

The CAUSE OF DEATH \* was as follows:

Gangrene of L. Foot - R Hand.(Duration) yrs. 1 mos. ds.Contributory  
SecondaryArthritis - All ages - Rheumatism  
Bed ridden for 2 years.(Duration) yrs. 15 mos. ds.

(Signed)

R. A. Bennett

M. D.

Feb 25 1931 (Address) Riversdale Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Leslie MdFeb. 28 1931

20 UNDERTAKER

ADDRESS

F. Gache Sons Hyattsville Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

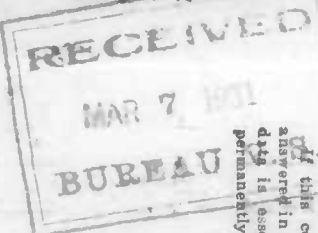
(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (retired 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*. *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A like duty is essential and must be obtained before the certificate is permanently filed.



N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George

Village or City Hyattsville (No. 1)

2 FULL NAME Mrs. Mary Monroe

(191)

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 245

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH Sept. unknown 1941  
(Month) (Day) (Year)

7 AGE 91 yrs. 5 mos. ? ds. or min.?  
If LESS than 1 day hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work housewife  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) D.C.

10 NAME OF FATHER Thomas Campbell

11 BIRTHPLACE OF FATHER (State or country) Ind.

12 MAIDEN NAME OF MOTHER Mary Gooding

13 BIRTHPLACE OF MOTHER (State or Country) D.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Superior  
(Address) Charles Hart House

15 Filed Feb. 19 1931 Mrs. Joe Devereaux  
Registrar

## MEDICAL CERTIFICATE OF DEATH

8 DATE OF DEATH Feb. 19 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan. 12 1928 to Feb. 19 1931  
that I last saw him alive on Feb. 18 1931

and that death occurred on the date stated above, at 2 a m.

The CAUSE OF DEATH \* was as follows:  
Arterio-sclerotic dilatation

(Duration) yrs. mos. ds. 4  
Contributory Myocarditis - Cardiac vascular  
Secondary renal disease - Chronic arteritis deformans  
(Duration) yrs. mos. ds. 6  
(Signed) Thomas E. Spangley M. D.  
Feb. 19 1931 (Address) 226 R. 9. N.E.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 2 yrs. 1 mos. ds. In the State 2 yrs. 1 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Wash. D.C.

19 PLACE OF BURIAL OR REMOVAL Washington D.C. DATE OF BURIAL Feb. 21 1931

20 UNDERTAKER Perrigo & Kalahoune ADDRESS 29-H St N.W.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 7 1931  
BUREAU

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| 1 PLACE OF DEATH                                                                                                                                                                                                                                                                           |                                   |                                                                              | STATE OF MARYLAND<br>CERTIFICATE OF DEATH |                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------|
| County <u>P. Geo</u>                                                                                                                                                                                                                                                                       |                                   |                                                                              | Registration Dist. No. <u>236</u>         |                                                                                                     |
| Village or City <u>Mitchellville Md</u>                                                                                                                                                                                                                                                    |                                   |                                                                              | St. <u>Morton</u>                         | Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| 2 FULL NAME <u>Still Birth</u>                                                                                                                                                                                                                                                             |                                   |                                                                              |                                           |                                                                                                     |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                       |                                   |                                                                              |                                           |                                                                                                     |
| 3 SEX<br><u>Female</u>                                                                                                                                                                                                                                                                     | 4 COLOR OR RACE<br><u>colored</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Single</u><br>(Write the word) |                                           |                                                                                                     |
| 6 DATE OF BIRTH <u>Feb. 15 1931</u><br>(Month) (Day) (Year)                                                                                                                                                                                                                                |                                   |                                                                              |                                           |                                                                                                     |
| 7 AGE _____ If LESS than _____<br>_____ yrs. _____ mos. _____ ds. or _____ min.?                                                                                                                                                                                                           |                                   |                                                                              |                                           |                                                                                                     |
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work <u>none</u><br>(b) General nature of industry business, or establishment in which employed or (employer) _____                                                                                                            |                                   |                                                                              |                                           |                                                                                                     |
| 9 BIRTHPLACE (State or country) <u>Maryland</u>                                                                                                                                                                                                                                            |                                   |                                                                              |                                           |                                                                                                     |
| 10 NAME OF FATHER <u>Samuel Mortar</u>                                                                                                                                                                                                                                                     |                                   |                                                                              |                                           |                                                                                                     |
| 11 BIRTHPLACE OF FATHER <u>S. C.</u>                                                                                                                                                                                                                                                       |                                   |                                                                              |                                           |                                                                                                     |
| 12 MAIDEN NAME OF MOTHER <u>Margaret E. Johnson</u>                                                                                                                                                                                                                                        |                                   |                                                                              |                                           |                                                                                                     |
| 13 BIRTHPLACE OF MOTHER <u>Maryland</u>                                                                                                                                                                                                                                                    |                                   |                                                                              |                                           |                                                                                                     |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>Margaret E. Johnson</u><br>(Address) <u>Mitchellville Md</u>                                                                                                                                                            |                                   |                                                                              |                                           |                                                                                                     |
| 15 Filed <u>7/5 31</u> <u>Neuberg</u> Registrar                                                                                                                                                                                                                                            |                                   |                                                                              |                                           |                                                                                                     |
| MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                                                                                                               |                                   |                                                                              |                                           |                                                                                                     |
| 16 DATE OF DEATH <u>Feb. 15 1931</u><br>(Month) (Day) (Year)                                                                                                                                                                                                                               |                                   |                                                                              |                                           |                                                                                                     |
| 17 I HEREBY CERTIFY, That I attended the deceased from <u>Feb. 15 1931</u> to <u>Feb. 15 1931</u> , that I last saw her <u>Dead</u> on <u>Feb. 15 1931</u> , and that death occurred on the date stated above, at _____ m.                                                                 |                                   |                                                                              |                                           |                                                                                                     |
| The CAUSE OF DEATH * was as follows:<br><u>Still Birth</u><br><u>(unknown)</u><br>(Duration) _____ yrs. _____ mos. _____ ds.                                                                                                                                                               |                                   |                                                                              |                                           |                                                                                                     |
| Contributory Secondary<br>(Signed) <u>E. E. Hancock</u> M. D.<br><u>Feb. 15 1931</u> (Address) <u>Bowie Md</u>                                                                                                                                                                             |                                   |                                                                              |                                           |                                                                                                     |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.                                                                                                                                          |                                   |                                                                              |                                           |                                                                                                     |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)<br>At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.<br>Where was disease contracted, if not at place of death? _____<br>Former or usual residence _____ |                                   |                                                                              |                                           |                                                                                                     |
| 19 PLACE OF BURIAL OR REMOVAL <u>at Home on farm</u>                                                                                                                                                                                                                                       |                                   |                                                                              | DATE OF BURIAL <u>Feb. 31</u>             |                                                                                                     |
| 20 UNDERTAKER <u>Neuberg Family</u>                                                                                                                                                                                                                                                        |                                   |                                                                              | ADDRESS <u>Mitchellville Md</u>           |                                                                                                     |



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement, never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At Home*, and children. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"; *lobar pneumonia. Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Muscles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL, *septicæmia*," "PUERPERAL, *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A little data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

02071

## 1. PLACE OF DEATH

County Prince Georges

Village or City Riverdale Md.

Registration Dist. No. 245

No. 11-20 St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME Irving Eugene Moyer

(a) Residence: No. Magruder Ave St.        Ward.       

(Usual place of abode)

If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

|                                                                                                              |                                  |                                                                             |
|--------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>male</u>                                                                                        | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Amber Moyer</u>                           |                                  |                                                                             |
| 6. DATE OF BIRTH (month, day, end year) <u>Nov 26, 1884</u>                                                  |                                  |                                                                             |
| 7. AGE<br><u>46</u> Years                                                                                    | <u>2</u> Months                  | <u>9</u> Days                                                               |
| If LESS than<br>1 day, <u>      </u> hrs.<br>or <u>      </u> min.                                           |                                  |                                                                             |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>Inspector</u> |                                  |                                                                             |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Sanitary comm.</u>     |                                  |                                                                             |
| 10. Date deceased last worked at this occupation (month and year) <u>about Jan 14, 1931</u>                  |                                  | 11. Total time (years) spent in this occupation <u>about 7</u>              |

12. BIRTHPLACE (city or town) va  
(State or country)

13. NAME John Moyer

14. BIRTHPLACE (city or town) va  
(State or country)

15. MAIDEN NAME Annie B. Behm

16. BIRTHPLACE (city or town) va  
(State or country)

17. INFORMANT Mr Moyer V. A.  
(Address) va

18. BURIAL, CREMATION, OR REMOVAL  
Place Green Hill Cemetery Date Feb 6, 1931

19. UNDERTAKER 4 Guacki Sons  
(Address) Hyattsville Md

20. FILED Feb. 5, 1931 Mrs. Joe Serene  
Hyattsville Registrar.

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH

Feb (Month) 5 (Day) 1931 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Feb. 1 1931 to Feb 5 1931

I last saw h. him alive on Feb 5 1931; death is said

to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Jan 28

Other Contributory Causes of Importance:

Emphysema

Name of operation        Date of       

What test confirmed diagnosis?        Was there an autopsy? no

23. If death was due to external causes (VIDENCE) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?       

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify       

(Signed) Irving Eugene Moyer M. D.

(Address) Hyattsville, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as **spinner, weaver, etc.**

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.** Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as **carpenter, painter, machinist, etc.** Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

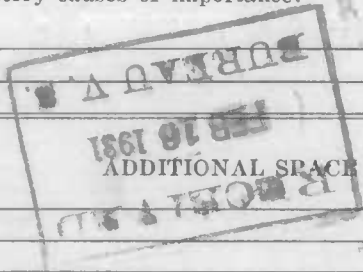
**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--------------------------------------------------------------------------------|---------------------|
| <i>Arteriosclerosis</i>                                                        | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>                                          | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>                                                     | <i>July 5, 1927</i> |
|                                                                                |                     |
|                                                                                |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>                                                              | <i>May 1, 1923</i>  |
|                                                                                |                     |
|                                                                                |                     |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--------------------------------------------------------------------------------|-------------------|
| <i>Attack of epilepsy</i>                                                      | <i>1 week ago</i> |
| <i>Run over by street car</i>                                                  | <i>1 week ago</i> |
| <i>Peritonitis</i>                                                             | <i>3 days ago</i> |
|                                                                                |                   |
|                                                                                |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>                                                         | <i>1 year</i>     |
|                                                                                |                   |
|                                                                                |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County *Prince George*

Village or City *Cheltenham* (No. .... St. .... Ward)

2 FULL NAME *(Still Birth) Pinkney*

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. *233*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *Colored* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED *single*  
(Write the word)  
6 DATE OF BIRTH *Feb 28*, 19*31*  
(Month) (Day) (Year)  
7 AGE ..... yrs. .... mos. .... ds. or .... min. ?  
If LESS than 1 day .... hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work *none*  
(b) General nature of industry, business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country) *Md*  
PARENTS  
10 NAME OF FATHER *Raymond Hill*  
11 BIRTHPLACE OF FATHER (State or country) *Md*  
12 MAIDEN NAME OF MOTHER *Gladys Pinkney*  
13 BIRTHPLACE OF MOTHER (State or country) *Md*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mack Pinkney*  
(Address) *Cheltenham, Md*

15 Filed *Feb 28* 19*31* *Ernest H Garner*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *unknown*, 19*31*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from ..... 192...., to ..... 192....

that I last saw him ..... alive on ..... 192....

and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH was as follows:

*Still birth*  
(Duration) ..... yrs. .... mos. .... ds.

Contributory Secondary

(Signed) *Ernest H Garner* M. D.  
*Feb 28* 192*1* (Address) *Local Registrar Md*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. .... mos. .... da. In the State, ..... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Cheltenham Md* DATE OF BURIAL *Feb 28* 19*31*

20 UNDERTAKER *Mack Pinkney* ADDRESS *Cheltenham Md*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not actually employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the **DEATH**, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro spinal meningitis"); *Diphtheria* (avoid use of "group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

"unqualified, is indefinite"); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Idiocy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insultion," "Marasmus," "Old Age," "Shock," "Etiemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PERINATAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL**, **STUPIDAL**, or **HOMICIDAL**, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

This certificate is to be filled over thoroughly and all questions answered in detail. It will prevent further correspondence. If the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 4 1931  
BUREAU



N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince Georges

Village or City The Laurel Sanitarium, Laurel Md. (No. 82-2) St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 239

2 FULL NAME Alice Reaney

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH July 27<sup>th</sup>, 1857  
(Month) (Day) (Year)

7 AGE 74 yrs. 0 mos. 17 ds. If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed or (employer) invalid

9 BIRTHPLACE (State or country) Md.

10 NAME OF FATHER James Reaney

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Isabella McWhorter

13 BIRTHPLACE OF MOTHER (State or Country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Reaney Wolfe (Nephew)  
(Address) Balto Md

15 Filed Feb 8 1931 Willie M. Brashers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 8<sup>th</sup>, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 25<sup>th</sup>, 1931 to Feb 8<sup>th</sup>, 1931

that I last saw him alive on Feb 8<sup>th</sup>, 1931

and that death occurred on the date stated above, at 9 A. m.

The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 6 ds.

Contributory  
Secondary

(Signed) W. H. Statter M. D.  
Feb 8<sup>th</sup>, 1931 (Address) Laurel Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. 13 ds. In the State 74 yrs. 0 mos. 17 ds.

Where was disease contracted, Balto Md.  
if not at place of death?

Former or usual residence Balto Md.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Balto Md

Feb 10, 1931

20 UNDERTAKER

ADDRESS

Stewart Mowbray Balto Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *Name.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritaneum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as *Asthenia, "Anaemia"* (merely symptomatic), *"Atrophy," "Collapse," "Coma," "Convulsions," "Debility"* ("Congenital," "Senile," etc.), *"Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness,"* etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as *"PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 5 1901  
BUR

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Prince GeoSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 232Village or City Upper Marlboro (No. \_\_\_\_\_)

St.: \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Estella Elizabeth Ridgely

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX H. 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH July 12 1866  
(Month) (Day) (Year)

7 AGE 64 yrs. 7 mos. 2 ds. or min.? If LESS than 1 day hrs.

8 OCCUPATION (a) Trade, profession or particular kind of work at home  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Penn.

10 NAME OF FATHER John A Seltzer

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Rider

13 BIRTHPLACE OF MOTHER (State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Estella Ridgely(Address) Upper Marlboro Md

15 Filed Feb 15 1931 Charles Smith  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 14 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 14 1931 to Feb 14 1931  
that I last saw her alive on Feb 13 1931

and that death occurred on the date stated above, at 2-45 A.M.  
The CAUSE OF DEATH \* was as follows:

Lobar Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory  
Secondary

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Renee Sasser M. D.  
Feb 14 1931 (Address) Upper Marlboro

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Upper Marlboro Md DATE OF BURIAL Feb 16 1931

20 UNDERTAKER James J Ryan ADDRESS Washington

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*, (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Labar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—occident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAR 1911

RURE

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County

Village or City

(No.)

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write in full)

6 DATE OF BIRTH

7 AGE

IF LESS than  
1 day \_\_\_\_ hrs.  
or \_\_\_\_ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Feb 28 1931

Ernest W. Garner

Registrar

02081

186a

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 233

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 26, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 25, 1931 to July 25, 1931.

that I last saw him alive on July 25, 1931.

and that death occurred on the date stated above, at 8 a. m.

The CAUSE OF DEATH \* was as follows:

Severe injury to shoulder  
Impacted fracture, followed by shock.  
Accidental fall from his porch.  
(Duration) yrs. mos. ds.

Contributory  
Secondary

(Signed) William H. Gibbons M. D.  
July 28, 1931 (Address) Room 2nd

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Thomas Church Mar 1, 1931

20 UNDERTAKER

ADDRESS

A. J. Grimes Aguiasco, Ind.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 4 1901  
BUREAU

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 02082

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

20. FILED

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

1931 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Feb 12, 1931, to Feb 15, 1931

I last saw her alive on Feb 12, 1931; death is said

to have occurred on the date stated above, at 3 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Undetermined internal injuries of kidneys and liver resulting from automobile accident Feb. 6, 1931

Other Contributory Causes of Importance:

Traumatic shock

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 1, 1931

Where did injury occur? Washington D.C.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In public place

Manner of injury Collision between two automobiles

Nature of injury Undetermined internal injuries and shock

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas Mattingley M. D.

(Address) 2300 R Road N.C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*This certificate was signed by Dr. Tho. E. Mattingly after my approval and investigation of the cause of death.*

*Walter W. Morris*  
*Inspector of the Bureau*  
*Hygiene and Public Health*  
*June 16, 1928*

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince Geo

Village or City Beltsville (No. 11-2)

2 FULL NAME Joseph H. Smith

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 230

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant

6 DATE OF BIRTH Apr 15<sup>th</sup>, 1930  
(Month) (Day) (Year)

7 AGE X yrs. 9 mos. 19 ds. or min. If LESS than 1 day. hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry business, or establishment in which employed or (employer) Infant

9 BIRTHPLACE (State or country) md

10 NAME OF FATHER Benj. H. Smith

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Sallie Brown

13 BIRTHPLACE OF MOTHER (State or Country) Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Sallie Smith  
(Address) Beltsville Md.

15 Filed Feb-25 1931 John H. Smith Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2/3, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 1/25, 1931 to 2/3, 1931.

that I last saw him alive on 2/3, 1931.

and that death occurred on the date stated above, at 6 a m.

The CAUSE OF DEATH \* was as follows:

influenza.

marasmus

(Duration) 8 yrs. 8 mos. 8 ds.

Contributory  
Secondary

(Duration) 8 yrs. 8 mos. 8 ds.

(Signed) B. P. Warren M. D.

2/4, 1931. (Address) Beltsville Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 8 yrs. 8 mos. 8 ds. In the State 8 yrs. 8 mos. 8 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Good Hope Cemetery  
Spencerville Md.

DATE OF BURIAL

2/4/31, 1931

20 UNDERTAKER

Lloyd Kaiser

ADDRESS

Laurel Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carboic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince Georges

02084

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 238

Village or City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Agnes Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
(Write the word)

6 DATE OF BIRTH March 18, 1914  
(Month) (Day) (Year)

7 AGE 16 yrs. 10 mos. 24 ds. or min. If LESS than 1 day \_\_\_\_ hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Domestic  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Md.

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Holly

13 BIRTHPLACE OF MOTHER (State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Holly

(Address) Clinton Md.

15 Filed Feb 12 1923 Thos J. Ryan Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 12, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended the deceased from Jan 30 1923 to Feb 12 1923  
that I last saw him alive on Feb 12 1923

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Pneumonia & Acute Pericarditis

(Duration) \_\_\_\_\_ yrs. 13 ds.

Contributory Secondary Influenza

(Duration) \_\_\_\_\_ yrs. 15 ds.

(Signed) Thos J. Ryan M. D.

Feb 13 1923 (Address) Brandysville Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. John Cemetery 3, 1923

20 UNDERTAKER

ADDRESS

Thos J. Ryan Waldorf Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

RECEIVED

MAR 4 1931

BUREAU

MARGIN RESERVED FOR BINDER  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George

Village or City Upper Marlboro

2 FULL NAME Stewart

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 232

St. Stewart Ward Stewart (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Feb 24, 1931  
(Month) (Day) (Year)

7 AGE Small Born IF LESS than 1 day hrs. or min.?  
yrs. mos. ds. or min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER William Stewart

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Young

13 BIRTHPLACE OF MOTHER (State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Stewart

(Address) Upper Marlboro

15 Filed Feb 24, 1931 William Stewart Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 24, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192

that I last saw him alive on 192

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH \* was as follows:

Small Born  
No physician in attendance  
(Duration) yrs. mos. ds.

Contributory  
Secondary

(Signed) William Stewart Local Registrar  
Feb 24, 1931 (Address) Upper Marlboro

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Upper Marlboro Feb 24, 1931

20 UNDERTAKER ADDRESS

William Stewart Upper Marlboro

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the initials CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Melas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Melas* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAR 5 1911

BUREAU

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02086

## 1. PLACE OF DEATH

County Prince Georges  
Village or City CroftonRegistration Dist. No. 233

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Crofton md St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                                         |                                                    |                                                                             |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                                                 | 4. COLOR OR RACE<br><u>White</u>                   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of<br><u>John E. Tucker</u>             |                                                    |                                                                             |
| 6. DATE OF BIRTH (month, day, and year) <u>Dec 29, 1845</u>                                             |                                                    |                                                                             |
| 7. AGE<br>Years <u>85</u><br>Months <u>1</u><br>Days <u>17</u>                                          | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |                                                                             |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u> |                                                    |                                                                             |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                      |                                                    |                                                                             |
| 10. Date deceased last worked at this occupation (month and year)                                       |                                                    | 11. Total time (years) spent in this occupation                             |

12. BIRTHPLACE (city or town) md  
(State or country)13. NAME John King  
md14. BIRTHPLACE (city or town) md  
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown  
(State or country)17. INFORMANT Alvin Tucker  
(Address) Crofton md18. BURIAL, CREMATION, OR REMOVAL  
Place Forestville md Date Feb 18, 193119. UNDERTAKER F. Banks Son  
(Address) Hyattsville md20. FILED Feb 17, 1931 Ernest W. Garner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb 15, 1931  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Feb 15, 1931 to Feb 18, 1931  
I last saw her alive on Feb 15, 1931; death is saidto have occurred on the date stated above, at 1030 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Gastric Catarrh  
Organic Heart disease  
died very sudden

Other Contributory Causes of importance:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? no Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify \_\_\_\_\_  
(Signed) William H. Gibbons M. D.  
(Address) Crofton md



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--------------------------------------------------------------------------------|---------------|
| Arteriosclerosis                                                               | 1915          |
| Chronic interstitial nephritis                                                 | 1921          |
| Cerebral hemorrhage                                                            | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--------------------------------------------------------------------------------|---------------|
| Attack of epilepsy                                                             | 1 week ago    |
| Run over by street car                                                         | 1 week ago    |
| Peritonitis                                                                    | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis                                                                | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Eppard does not know  
PLACE OF DEATH letter to J Unstead for Scott - Kansas  
County Prince George.

02087

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 242

Village or City Seat Pleasant Md (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary C. Unstead

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7 AGE 75 yrs. mos. ds. or min. 8 IF LESS than 1 day hrs. or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work. none (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Ill

10 NAME OF FATHER John Unstead

11 BIRTHPLACE OF FATHER unk. (State or country)

12 MAIDEN NAME OF MOTHER unk.

13 BIRTHPLACE OF MOTHER unk. (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. F. Roberson

(Address) Seat Pleasant Md

15 Filed Feb. 5 1931 Grace A. Low Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 5 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec. 29 1930 to Feb. 5 1931,

that I last saw him alive on Feb. 5 1931,

and that death occurred on the date stated above, at 8:18 P. M.

The CAUSE OF DEATH \* was as follows:

acute myocarditis following "grippe"

(Duration) yrs. mos. ds.

Contributory Secondary pulmonary edema

(Duration) yrs. mos. ds.

(Signed) Geo. J. E. Harp M. D.

Feb. 5 1931. (Address) 601 Minnesota Ave. N. E.

\*State the Disease Causing Death, or, In death, from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Washington D. C. 2-5 1931

20 UNDERTAKER ADDRESS

A. W. Deal 816-H. St. N. E.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnle," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PERIPERAL septicaemia," "PERIPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *A accidental drowning; Struck by railway train—accident; Rencher wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1931

BUREAU V. S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02088

## 1. PLACE OF DEATH

County Prince Geo  
 Village or City Laurel

Registration Dist. No. 239

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Sarah E. Vermillion(a) Residence: No. Laurel Md. 522 Main St. Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                                                 |                                  |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                                                         | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u>        |
| 6a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Edward Vermillion</u>                        |                                  |                                                                                    |
| 6. DATE OF BIRTH (month, day, and year) <u>unknown</u>                                                          |                                  |                                                                                    |
| 7. AGE<br><u>60</u>                                                                                             | Years<br>—                       | Months<br>—                                                                        |
|                                                                                                                 | Days<br>—                        | If LESS than<br>1 day, _____ hrs.<br>or _____ min.                                 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>housewife</u> |                                  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month and year)                                               |                                  | 11. Total time (years) spent in this occupation                                    |

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| 12. BIRTHPLACE (city or town) (State or country)<br><u>Md</u>                           |
| 13. NAME<br><u>Jack Bell</u>                                                            |
| 14. BIRTHPLACE (city or town) (State or country)<br><u>Md.</u>                          |
| 15. MAIDEN NAME<br><u>Sarah Elizabeth Bell</u>                                          |
| 16. BIRTHPLACE (city or town) (State or country)<br><u>Prince Geo. Co. Md.</u>          |
| 17. INFORMANT<br><u>Jesse Vermillion</u><br>(Address) <u>Laurel Md.</u>                 |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Myrtle Laurel</u> Date <u>Feb 23 1931</u> |
| 19. UNDERTAKER<br><u>Lloyd Kaiser</u><br>(Address) <u>Laurel Md.</u>                    |
| 20. FILED <u>Feb 23 1931</u> <u>M. Brachman</u>                                         |

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

2 (Month) 22 (Day) 1931 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

2/22 1931 to 2/22 1931I last saw him alive on 2/22 1931; death is saidto have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio-renal  
Disease Hypertension

Date of onset

10/20/20

Other Contributory Causes of importance:

Coronary Thrombosis2/22/31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R P Warner M. D.(Address) Laurel Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE-PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George

02089 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 245

Village or City Hyattsville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eileen B. Weber

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH unknown, 1 \_\_\_\_\_ (Month) (Day) (Year)

7 AGE 38 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. or \_\_\_\_\_ min.?

8 OCCUPATION (a) Trade, profession or particular kind of work Nurse (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) New York

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) New York

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Asst. Recrd  
(Address) Prin. Human Sanatorium

15 Filed Feb. 4 1923 ms. J. S. S. S. Regist.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 4, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 12 1922 to Feb 4 1923, that I last saw her alive on Feb 3 1923, and that death occurred on the date stated above, at 5:45 a m.

The CAUSE OF DEATH \* was as follows:

Eccipneitis

(Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Myocarditis  
Secondary

(Signed) Maynard J. S. S. M. D.  
Feb 4 1923 (Address) Hyattsville Md

\*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? unknown  
Former or usual residence 117- Mellow ave J. S. S. Md

19 PLACE OF BURIAL OR REMOVAL Wash D.C. DATE OF BURIAL \_\_\_\_\_, 19\_\_\_\_

20 UNDERTAKER W. K. Tabler ADDRESS Washington D.C.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative health-fitness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-mother*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, Peritonitis*, etc.; *Concussion, Strain*, etc. . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PERIPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—suicide*; *Poisoned by carbolic acid—probable suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is filed over the registry and a legible answer in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

FEB 16 1901

BUREAU V. S.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Prince Georges  
Village or City Bryans Road (No. \_\_\_\_\_)

2 FULL NAME Martina Whiting

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 284

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX 71 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH June 8 1989  
(Month) (Day) (Year)

7 AGE 41 yrs. 7 mos. 30 ds. or min.?  
If LESS than 1 day \_\_\_\_\_ hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Md.

10 NAME OF FATHER Edw. Dyson

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Gelson

13 BIRTHPLACE OF MOTHER (State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Whiting  
(Address) Bryans Road P. O.

15 Filed Feb 9 1991 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7 1991  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from Feb 3 1991 to Feb 7 1991 that I last saw su alive on Feb 7 1991

and that death occurred on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH was as follows:

Lobar Pneumonia

Contributory Influenza (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

(Signed) Robert E. Bowers M. D.  
Feb 8 1991 (Address) Wandymond Rd

\*State the Disease Causing Death, or, on deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Tomonkey DATE OF BURIAL Feb. 10, 1991

20 UNDERTAKER John V. Brown ADDRESS Bryans Road

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAR 5 1931  
BUREAU

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Prince George's

02091

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 243

Village or City Springfield (No. ....)

St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Georgina Robb Wood

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, ☒ Married, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH

March 15, 1854  
(Month) (Day) (Year)

7 AGE

76 yrs. 11 mos. 1 ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Practical Nurse  
(b) General nature of industry, business, or establishment in which employed or (employer) Housekeeper

9 BIRTHPLACE

(State or country) Blairgowrie, Scotland

10 NAME OF FATHER

George Robb

11 BIRTHPLACE OF FATHER

(State or country) Perth, Scotland

12 MAIDEN NAME OF MOTHER

Anne Stuart

13 BIRTHPLACE OF MOTHER

(State or country) Perth, Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mr. M. E. Hittner  
Remington, Va.

15

Filed

Feb. 17, 1931 F. Shanderson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 16, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 9, 1931, to Feb. 16, 1931

that I last saw him alive on Feb. 15, 1931

and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH \* was as follows:

Acute Yellow Atrophy of the Liver

(Duration) .... yrs. .... mos. 16 ds.

Contributory Secondary

(Duration) .... yrs. .... mos. .... ds.

(Signed)

Thos. J. Wafer M. D.  
Feb. 16, 1931 (Address) Baltimore

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Perkins Chapel Md Feb 18, 1931

20 UNDERTAKER

ADDRESS

F. Gascho Sons Springfield Md



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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